

MGPI of Indiana, LLC 7 Ridge Avenue Lawrenceburg, Indiana 47025 800.255.0302 www.mgpingredients.com

Indiana Department of Environmental Management Compliance and Enforcement Branch, Office of Air Quality 100 North Senate Avenue MC 61-53 IGCN 1003 Indianapolis, Indiana 46204-2251

Dear Sir / Madam,

Re: Quarterly Deviation and Compliance Monitoring and Excess Emissions Reports Part 70 Operating Permit No.: T029-32119-00005.

Enclosed is the referenced report for the fourth quarter of 2014.

Sincerely,

William R. Graves

**EHS Manager** 

MGPI of Indiana, LLC

7 Ridge Avenue

Lawrenceburg, IN 47025

Phone (812) 532-4158

Fax (812) 532-4216

Email: randy.graves@mgpingredients.com

William R. Graves

Page 51 of 56 T029-32119-00005

Permit Reviewer: Teresa Freeman / Kristen Willoughby

## INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE AND ENFORCEMENT BRANCH PART 70 OPERATING PERMIT CERTIFICATION

Source Name:

MGPI of Indiana

Source Address:

7 Ridge Avenue, Lawrenceburg, Indiana 47025

Part 70 Permit No.:

T029-32119-00005

This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.
Please check what document is being certified:
☐ Annual Compliance Certification Letter
□ Test Result (specify)
X□ Report (specify)
□ Notification (specify)
□ Affidavit (specify)
□ Other (specify)
I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.
Signature: / //fulle / CM/pld/h
Printed Name: Mike Templin
Title/Position: Plant Manager
Phone: (812) 532-4171
Date: January 29, 2015

Page 54 of 56 T029-32119-00005

Permit Reviewer: Teresa Freeman / Kristen Willoughby

## INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE AND ENFORCEMENT BRANCH

## Part 70 Quarterly Report

Source I	Name:
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MGPI of Indiana

Source Address:

7 Ridge Avenue, Lawrenceburg, Indiana 47025

Part 70 Permit No.:

T029-32119-00005

Facility:

One (1) steam boiler, identified as EU-97

Parameter:

#2 Fuel Oil Burned

Limit:

1,848,000 gallons per twelve (12) consecutive month period, equivalent to  $SO_2$  emissions of 39.4 tons per year, with compliance determined at the end of each

month.

YEAR:	201	14

Month	#2 Fuel Oil (gallons)	#2 Fuel Oil (gallons)	# 2 Fuel Oil (gallons)
	This Month	Previous 11 Months	12 Month Total
October	0	0	0
November	0	0	. 0
December	0	0	0

X□ No deviation occurred in this quarter.	
☐ Deviation/s occurred in this quarter.  Deviation has been reported on:	
Submitted by: William R. Graves	
Date: January 29, 2015	
Phone: (812) 532-4158	

Page 55 of 56 T029-32119-00005

## INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE AND ENFORCEMENT BRANCH PART 70 OPERATING PERMIT QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT

Source Name:

MGPI of Indiana

Source Address:

7 Ridge Avenue, Lawrenceburg, Indiana 47025

Months: October\_to December\_\_\_ Year: 2014

Part 70 Permit No.:

T029-32119-00005

	Page 1 of 2
This report shall be submitted quarterly based on a Section B –Emergency Provisions satisfies the report of General Reporting. Any deviation from the requirent the probable cause of the deviation, and the response required to be reported pursuant to an applicable reshall be reported according to the schedule stated be included in this report. Additional pages may be please specify in the box marked "No deviations of	orting requirements of paragraph (a) of Section C- nents of this permit, the date(s) of each deviation, nse steps taken must be reported. A deviation equirement that exists independent of the permit, in the applicable requirement and does not need to e attached if necessary. If no deviations occurred,
XI NO DEVIATIONS OCCURRED THIS REPOR	TING PERIOD.
☐ THE FOLLOWING DEVIATIONS OCCURRED	THIS REPORTING PERIOD
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	

Page 56 of 56 T029-32119-00005

	Page 2 of 2
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Form Completed by: William R. Gra	ves

Title / Position: EHS Manager\_\_\_\_\_

Date: January 29, 2015\_\_\_\_\_

Phone: (812) 532-4158\_\_\_\_\_

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A Signature <b>X</b>	☐ Agent ☐ Addressee	
so that we can return the card to you.  Attach this card to the back of the malipiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery	
1. Article Addressed to: Indiana Dept. of Environmental Mgmt Compliance of Enforcement Branch Office of Air Quality	STATEMARIA MAILROOM  RECVO BY MAILROOM	m 1? □ Yes w: □ No	
100 North Senate Avenue MC 61-53 IGCN 1003 Indianapolis,IN 46704-2251	3. Service Type  Control of the Certified Mail  Express Mail  Registered  Presum Receipt for Merchandise  Insured Mail  C.O.D.		
	4. Restricted Delivery? (Fxtra Fact	☐ Yes	